



FRANCISCAN VOLUNTEER MINISTRY

P.O. Box 29276 Philadelphia, PA 19125 215/427-3070 Fax: 215/427-3059 e-mail: fvmpd@aol.com

PRELIMINARY APPLICATION FORM

Please complete the following questions and return it to the FVM office at the above address. Please type or print in ink.

Name _____
Last First Middle

Present Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Cell Phone (____) _____

Permanent Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Email Address _____

Date of Birth ____/____/____ Social Security Number ____-____-____

Religious Denomination _____ Year of Baptism _____

Single__ Married__ Widowed__ Divorced__ Separated__

College/University _____ Degree _____ Date _____

How did you hear about the Franciscan Volunteer Ministry? _____

What type of volunteer service are you interested in and why? _____

Using the *Site Descriptions* page as reference, please list the ministry sites in order of your preference (1=1st choice) and explain your choices.

1. _____ 2. _____ 3. _____

